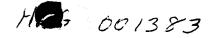


## Name + OWN Change MISSOURI DEPARTMENT OF NATURAL RESOURCES WASTE MANAGEMENT PROGRAM



## **NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

SEND TO MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 176, JEFFERSON CITY, MO 65102																													
FOR OFFICIAL USE ONLY																													
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			11	INSTALLATION'S EPA ID NUMBER								APF	PRO	/ED	DATE RECEIV				/ED	·Υ	510								
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IV. II	IST/	LLA	TION	co	NTA	СТ	<u> </u>			-		·····																	
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R	C	A	T	A	4	۲	S	T		T		٤	R	M		L	TE BOXES. REFER TO INSTRUCTIONS)												
IV. T	YPE	OF I										" IN	THE	APP	ROPI	RIAT	EBC	XES									_		· \
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VII.																	, .											<i>c</i> :	
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					e box													of h	nazaro									cation.	If this is
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sources your instal																						1011350	
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B. Wastes from Spec your installation ha		•				-													aste	from	speci	fic sou	rces
WASTE I.D. NO.																	_						
AMOUNT AND FREQUENCY			lbs.					lbs.					·	lbs.						<del></del>	lbs.		
C. Commercial Chemic which may be hazare			•		•			-											ince y	our i	nstallat	ion ha	ndles
WASTE I.D. NO.					2., 5,11	1	,							1,00.1	, 55,		_, 01	Ť				,	
AMOUNT AND FREQUENCY	<b></b>		lbs.		<u></u>			lbs.						lbs.				1	1.		lbs.		<u></u>
D. (Reserved)									<del></del>				-										
E. Characteristics of N handles. (See 40 CF code A, B, or C.											-										•		
AMOUNT AND FREQUENCY	1. IGNITABLE (D001)									2. CORROSIVE (D002)						3. REACTIVE (D003)							
4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.														_									
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S.I.C. CODE (LEA	VE BL	ANK II	F UN	CERT	AIN)				4	9	6	1											
CHECK THIS BOX	X IF YO	DU GE	NER.	ATE/A	CCL	JMUL	ATE L	ESS 1	ГНАМ	N A R	EP	ORT	ABLI	QUA	NTI	ΤΥ			]				
XI. CERTIFICAT	ION																						
I certify under pen documents, and that information is true the possibility of fir	at base , accui	d on m rate, ar	y inqu nd co	uiry of	thos	e indiv	iduals	imme	diate	ly res	pon	sible	for c	btaini	ng th	ne in	form	natio	n. I b	eliev	e the	subm	itted
SIGNATURE	6	1	S	D		/		NAME A	AND O			·			`	7			TE	1	× ×	67	7
MO 780-1164 (8-88)	,,,,			-7			<u>r</u>			~~ <u>~</u>	~~~		<u> </u>	7	سعو -	-~		برمات		<u> </u>	y~		